



**SC DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF LANDSCAPE ARCHITECTURAL EXAMINERS
110 CENTERVIEW DRIVE (29210)
POST OFFICE BOX 11419
COLUMBIA, SC 29211-1419
TELEPHONE (803) 896-4580 FAX (803) 896-4424**

APPLICATION FOR LANDSCAPE ARCHITECTURE LICENSURE

ATTENTION CHECK WRITERS! We gladly accept your checks. Please make all checks payable to LLR – Board of Landscape Architects. When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid.

PLEASE CHECK APPROPRIATE BOX AND SUBMIT \$200.00 APPLICATION FEE.

_____ **Method I – Accredited Degree in Landscape Architecture, Two Years Varied Landscape Architectural Experience, and pass the CLARB – LARE.**

_____ **Method II – Non-accredited degree or degree in related field, Five Years Varied Landscape Architectural Experience, and pass the CLARB – LARE.**

_____ **Method III – Reciprocity With _____**
(State)

_____ **Method IV – CLARB Certification**

I hereby certify that I meet the requirements for licensure of Method I, Method II, Method III, or Method IV above.

Signature: _____

I. PERSONAL DATA

1. Full Name: _____
(First) (Middle) (Last) (Suffix)

2. Employer Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ **FAX:** (_____) _____

E-mail: _____

3. **Resident Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone: (_____) _____
Personal E-mail Address: _____
Preferred Address: _____ **Employer** _____ **Residence** _____
4. **Date of Birth:** _____ **Birthplace:** _____
City, State
5. **Sex:** _____ **Male** _____ **Female** _____
6. **Race:** _____ **White** _____ **Black** _____ **Hispanic** _____ **Asian** _____ **Other** _____

II. LICENSURE – Please list all states/jurisdictions where you hold a license to practice Landscape Architecture and the basis for your registration (Exam, Reciprocity, CLARB Certification, or Grandfathered – please attach additional sheets if necessary).

State	Basis for License	License Number	Effective Date	Expiration Date

1. **Have you successfully completed all sections of the CLARB – Uniform National Examination (UNE) or the CLARB – Landscape Architect Registration Examination (LARE)?** _____ **Yes** _____ **No** _____

If yes, please provide: **State:** _____ **Pass Date:** _____

2. **Do you have a CLARB Council Record?** _____ **Yes** _____ **No** _____

If yes, indicate Council Record Number: _____ **Date Received:** _____

Expiration/Renewal Date: _____

**If you have a CLARB Council Record, please contact the Council Office at (571) 432-0332 or visit www.clarb.org to request that a copy be transmitted to the SC Board of Landscape Architectural Examiners. We will accept the transcripts and three (3) references on your CLARB Council Record, so you will only need to submit two (2) additional references with this application.*

3. Do you hold active CLARB Certification? ____ Yes ____ No

If yes provide: Certification Number: _____

Date Received: _____ Expiration/Renewal Date: _____

4. LICENSURE QUESTION

Have you been licensed as a landscape architect in SC? ____ Yes ____ No

If so, indicate: License Number: _____ Lapse Date: _____

III. EDUCATION – For undergraduate and graduate degrees, please indicate institution attended, degree received (including major), and date of degree.

**Please send original transcript(s) for all undergraduate and graduate degree programs.*

College/University	Date Degree Conferred	Degree Conferred

IV. EXPERIENCE – Please list all related work experience. Start with earliest position at top and list present position last.

Section A – List State Date (month/day/year) and End Date (month/day/year).

Section B – List name, title, company name, and complete mailing address of direct supervisor or person who can verify experience listed (preferably the professional supervising your work).

Section C – List time numerically in months and years under each type of service. If none, please enter a Zero (0) .

Totals – Time must equal Column 1 plus Column 2.

Dates of Employment	Direct Supervisor's Name and Complete Employer Address	Time– Work as Subordinate (Years & Months)	Time (Years & Months) – Work as Supervisor	Total Time (Years & Months)
TOTALS:				

**Please only document experience related to landscape architecture. You may use additional sheets if necessary to document additional work, or to explain gaps in your work history (unemployment, working in unrelated field, etc).*

V. PROFESSIONAL REFERENCES – List below at least five (5) citizens of the USA, three (3) of whom shall be registered Landscape Architects, not relatives or members of this Department or the Board, who will provide information in regard to your character and professional ability. Please indicate the state and registration number for the landscape architects under the “occupation” field. Please forward the *“LA Confidential Reference Information Regarding Applicant Application”* to these individuals and have them return the form directly to the Board office.

Name of Reference	Complete Address	Occupation	Relationship to Applicant

VI. MISCELLANEOUS QUESTIONS

- (a) Have you ever been refused a license or had disciplinary proceedings filed against you? _____ Yes _____ No
- (b) Have you ever been convicted of a crime other than a minor traffic offense? _____ Yes _____ No
- (c) Have you ever been judged mentally incompetent by court of competent jurisdiction? _____ Yes _____ No
- (d) Have you ever been denied registration as a landscape architect in any state or jurisdiction? _____ Yes _____ No
- (e) Has your license to practice landscape architecture ever been revoked or suspended? _____ Yes _____ No
- (f) Have you surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? _____ Yes _____ No
- (g) Have you ever been found by a court or registration board to have violated the landscape architectural laws or the professional/occupational laws of any jurisdiction? _____ Yes _____ No
- (h) Have you entered into any negotiated settlement with regard to professional or occupational registration laws? _____ Yes _____ No
- (i) Have you ever used the title "Landscape Architect," offered, or performed landscape architectural services in the State of South Carolina? _____ Yes _____ No

If you answer "Yes" to any of the above questions, please attach an explanation on a separate sheet. Be sure to include dates and states/jurisdictions where any action was taken. Additional documents from courts or other Boards may also be required.

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ____ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ____ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ____ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ____ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ____ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ____ I am a US citizen, not physically present or employed in the United States.
 - b. ____ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number _____; Date of Expiration: _____
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: _____; Number _____; Date of Expiration: _____.
- ☐ Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- ☐ Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____

- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____
(Include a copy of the card with the Affidavit)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.